

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90204 030 ****61.25

DOCUMENT # 751552

1. Entity Name
MADEIRA SOL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1110 S PINELLAS BAY WAY
207
TIERRA VERDE, FL 33715 US**

Mailing Address
**1110 S PINELLAS BAY WAY
207
TIERRA VERDE, FL 33715 US**

0000074J



04242006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0671644

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROUANZION, SUSAN
1110 S PINELLAS BAY WAY
207
TIERRA VERDE, FL 33715**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WALCZEWSKI, ELAINE
STREET ADDRESS 1110 S PINELLAS BAY WAY #207
CITY-ST-ZIP TIERRA VERDE, FL 33715

TITLE D
NAME YORK, MIKE
STREET ADDRESS 1110 S PINELLAS BAY WAY #207
CITY-ST-ZIP TIERRA VERDE, FL 33715

TITLE SD
NAME HAGEN, SANDY
STREET ADDRESS 1110 S PINELLAS BAY WAY #207
CITY-ST-ZIP TIERRA VERDE, FL 33715

TITLE TD
NAME ELLER, KEVIN
STREET ADDRESS 1110 S PINELLAS BAY WAY #207
CITY-ST-ZIP TIERRA VERDE, FL 33715

TITLE D
NAME CLARKE, FRANK
STREET ADDRESS 1110 S PINELLAS BAY WAY #207
CITY-ST-ZIP TIERRA VERDE, FL 33715

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Elaine Walczewski 4/24/06 727.367.5270